

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10
1512028

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2d AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	1	↓		TOTAL IND.			↓			
TOTAL DEP.			←	0	←		TOTAL DEP.			↓			←
TOTAL CLAIMS			██████████		██████████		TOTAL CLAIMS			██████████			██████████